

Due: March 1, 2017

**2017 DKG California Convention
Vendor, Exhibitor, and Affiliate/Vendor Agreement/Application**

May 5 & 6, 2017

CONTACT PERSON:

Patricia Twyman
1548 Corte Playa Las Brisas
San Diego, CA 92124-1547
(858) 278-4731
pattwyman@gmail.com

CONVENTION LOCATION:

Marriott Los Angeles Airport
5855 West Century Blvs.
Los Angeles, CA 90045
(800) 228-9290
(Mention Delta Kappa Gamma)

Approximately 600 attendees, representing members statewide, are expected.

All tables/spaces will be located in a secured room.

Scheduled hours: **Friday, May 5, 11:00 am - 7:30 pm & Saturday, May 6, 7:00 am - 3:30 pm**

VENDOR / EXHIBITOR DESIGNATIONS

A **VENDOR** is a person, company or organization selling directly from the table/space allocated.

- Two 6 foot draped tables with 4 chairs or equivalent space: **\$400**
(Each additional table or space is **\$200.**)
- One 6 foot draped table with 2 chairs or equivalent space: **\$200**
- One half of a 6 foot draped table with one chair: **\$100**

An **AFFILIATE VENDOR** is a member, Chapter, or Area of Chi State selling directly from the table/space allocated.

- Two 6 foot draped tables with 4 chairs or equivalent space: **\$250**
(Each additional table/space is **\$125**)
- One 6 foot draped table with 2 chairs or equivalent space: **\$125**
- One half of a 6 foot draped table with 1 chair: **\$65**

ALL VENDORS MUST HAVE A CALIFORNIA SELLER'S PERMIT FROM THE BOARD OF EQUALIZATION, 1 (800) 400-7115 OR www.boe.ca.gov

An **EXHIBITOR** is a company or individual who demonstrates or displays items **without selling** directly from the table/space allocated.

- Two 6 foot draped tables with 4 chairs: **\$200**
- One 6 foot draped table with 2 chairs: **\$100**
- One half of a 6 foot draped table with 1 chair: **\$50**

The deadline for inclusion in the convention program is **March 1, 2017.**

- Submit **check (payment in full), copy of CA Sellers Permit, and this application to**
Patricia Twyman, 11548 Corte Playa Las Brisas, San Diego, CA 92124-1547

- All checks are made out to **DKG Chi State** with **vendor or advertisement** written on the memo line.
- Upon completion of this process, a confirmation letter will be sent to name and location or email listed below.

Application is for: (**circle choice**) vendor affiliate vendor exhibitor

If affiliate vendor, **identify Area and Chapter** _____

The number of tables/ spaces requested is/are (**select choice**) 2 1 1/2

Will you need to access Wifi? (**additional \$45 charge**)? YES _____ NO _____

Cost for table(s): _____

Cost of Wifi: _____

Amount of check submitted: \$ _____

Company/ Organization Name: _____

Person in charge of receiving space confirmation and other information:

Name _____ Position _____

Address _____

State _____ Zip Code _____ Phone Number _____ Email _____

The Convention Program will list the products/services to be sold/exhibited (limit to 15 words**):**

Your table/s or space/s will be staffed by (names to appear on vendor/exhibitor badges).

1. _____ 2. _____

3. _____ 4. _____

I/We agree to abide by the provisions set forth in this agreement:

Signed _____ Position _____